



HealthChoice Evaluation Highlights CY 2010 – CY 2014

Maryland Medicaid Advisory Committee
Thursday, May 26, 2016



| Element | Content |
|---------------------|---|
| Program Updates | Summarizes changes to the overall Medicaid program; e.g., new initiatives or benefits, grant awards, etc. |
| Coverage and Access | Discusses trends in overall Medicaid and managed care enrollment, provider network adequacy, and access to services. |
| Medical Home | Reviews ambulatory care usage, emergency department usage and trends, and continuity of care. |
| Quality of Care | Tracks trends in quality measures for preventive care and chronic conditions. |
| Special Topics | Presents info on other HealthChoice topics; e.g., behavioral health, dental care, foster care, racial disparities, etc. |
| ACA Expansion | Evaluates the ACA Expansion program's enrollment, access and usage trends. |
| 1115 Waiver Renewal | Presents information on the 1115 Waiver Renewal Initiatives being submitted for the HealthChoice program. |



Program Updates

- ACA Expansion
- Behavioral Health carve-out, eff. Jan. 1, 2015
- Chronic Health Home Demonstration
 - As of February 2016, DHMH approved 81 Health Home site applications (63 PRP, 10 MTS, 8 OTP)
- MCO participation changes:
 - Riverside Health, joined February 2013
 - Kaiser Permanente, joined June 2014
 - Coventry withdrew
- CHIPRA Performance Bonuses in FY10-FY13 for improving health coverage and enrollment for children



Goals of the HealthChoice Program

- Improve Coverage & Access to Care
- Provide Medical Home to Recipients
- Improve Quality of Care

Challenges

- New MCOs
- Limited health literacy of new recipients
- 2014 Maryland Health Connection system challenges



Coverage: Enrollment Growth

- HealthChoice population grew by 48% between 2010 – 2014, from 715,086 to 1,060,192 enrollees
 - Overall enrollment grew 58.3% in F&C category between 2010-2014
- Maryland Medicaid experienced the 9th highest Medicaid enrollment growth rate in the nation between the summer of 2013 and January 2015 (Kaiser Commission)



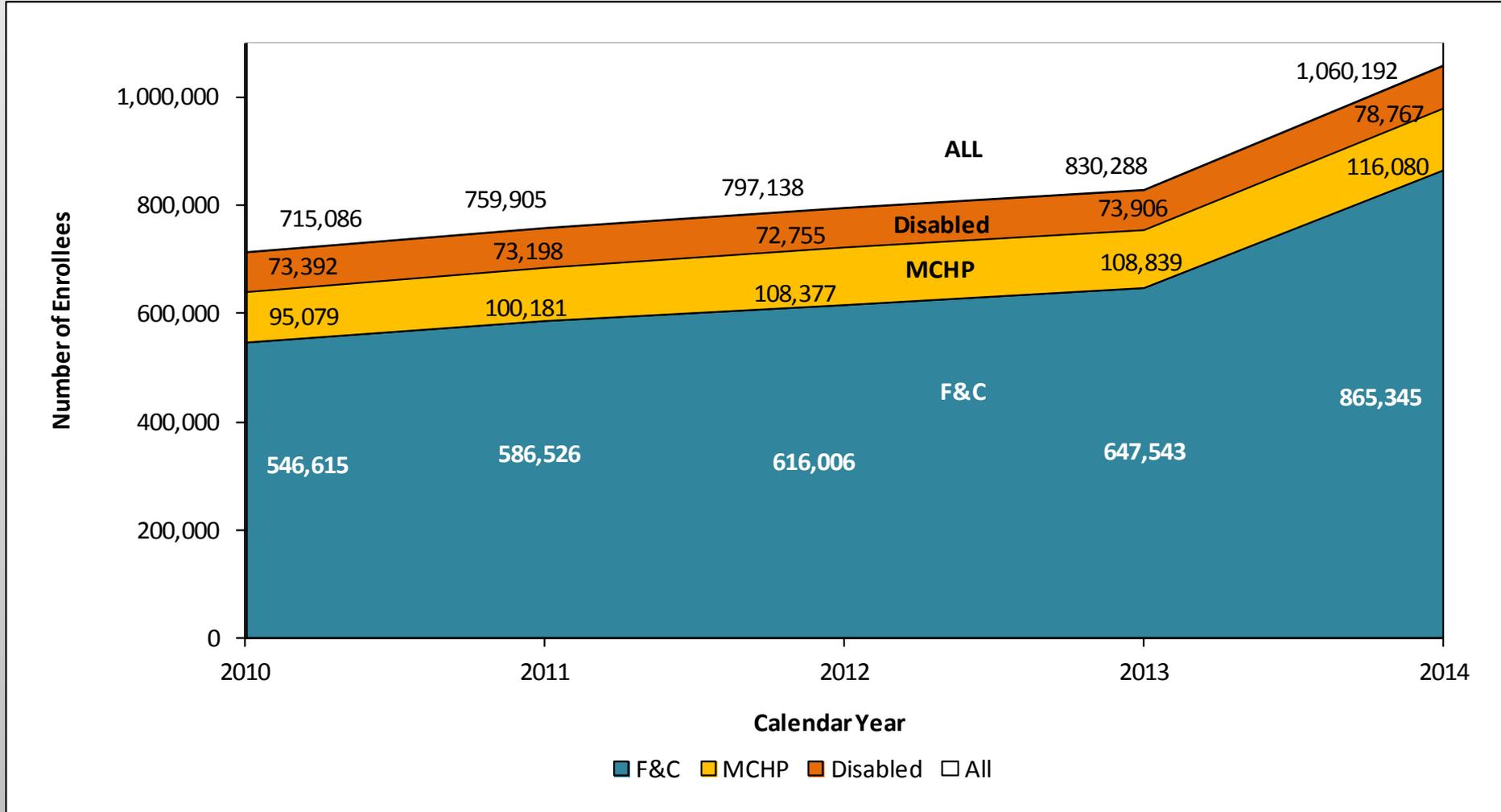
**HealthChoice Enrollment as a Percentage of the Maryland Population,
CY 2010–CY 2014**

| | CY 2010 | CY 2011 | CY 2012 | CY 2013 | CY 2014 |
|--|-----------|-----------|-----------|-----------|-----------|
| Maryland Population* | 5,787,193 | 5,840,241 | 5,884,868 | 5,928,814 | 5,975,346 |
| Individuals Enrolled in HealthChoice for Any Period of Time during the Year | | | | | |
| HealthChoice Population | 832,498 | 893,084 | 930,647 | 961,597 | 1,251,023 |
| % of Population in HealthChoice | 14.4% | 15.3% | 15.8% | 16.2% | 20.9% |
| Individuals Enrolled in HealthChoice as of December 31 | | | | | |
| HealthChoice Population | 715,086 | 759,905 | 797,138 | 830,288 | 1,060,192 |
| % of Population in HealthChoice | 12.4% | 13.0% | 13.5% | 14.0% | 17.7% |

*Maryland Population Data Source: United States Census Bureau, 2015, <http://www.census.gov/popest/data/state/totals/2015/index.html>

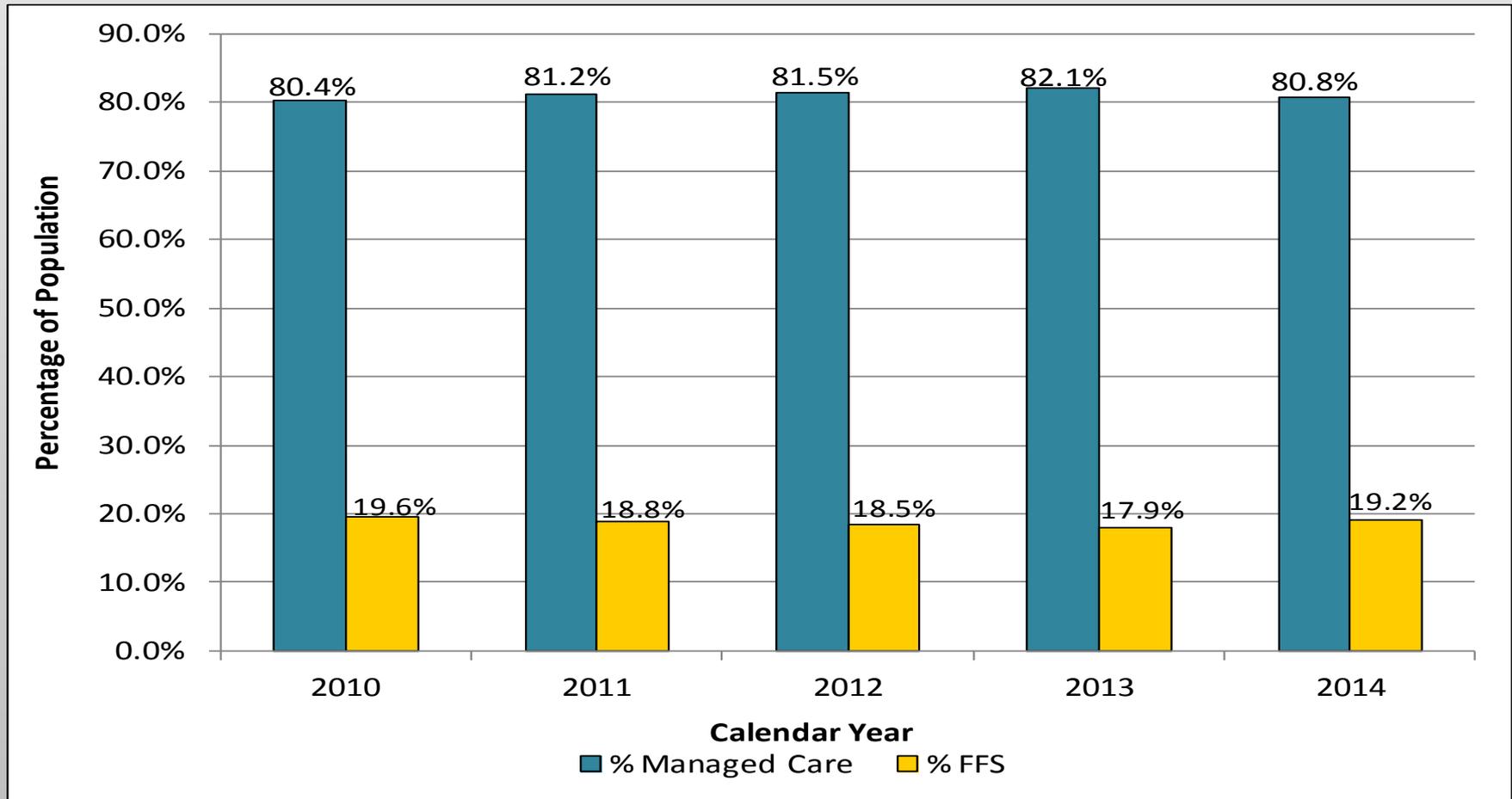


HealthChoice Enrollment by Coverage Group, CY 2010 - CY 2014





HealthChoice v. FFS Enrollment





Coverage and Access

- Network Adequacy
 - Provider networks in all 23 counties and Baltimore City met standard enrollee-to-PCP ratio of 500:1
 - Seven counties do not meet 200:1 ratio
 - Allegany
 - Caroline
 - Cecil
 - Dorchester
 - Garrett
 - Prince George's*
 - Wicomico

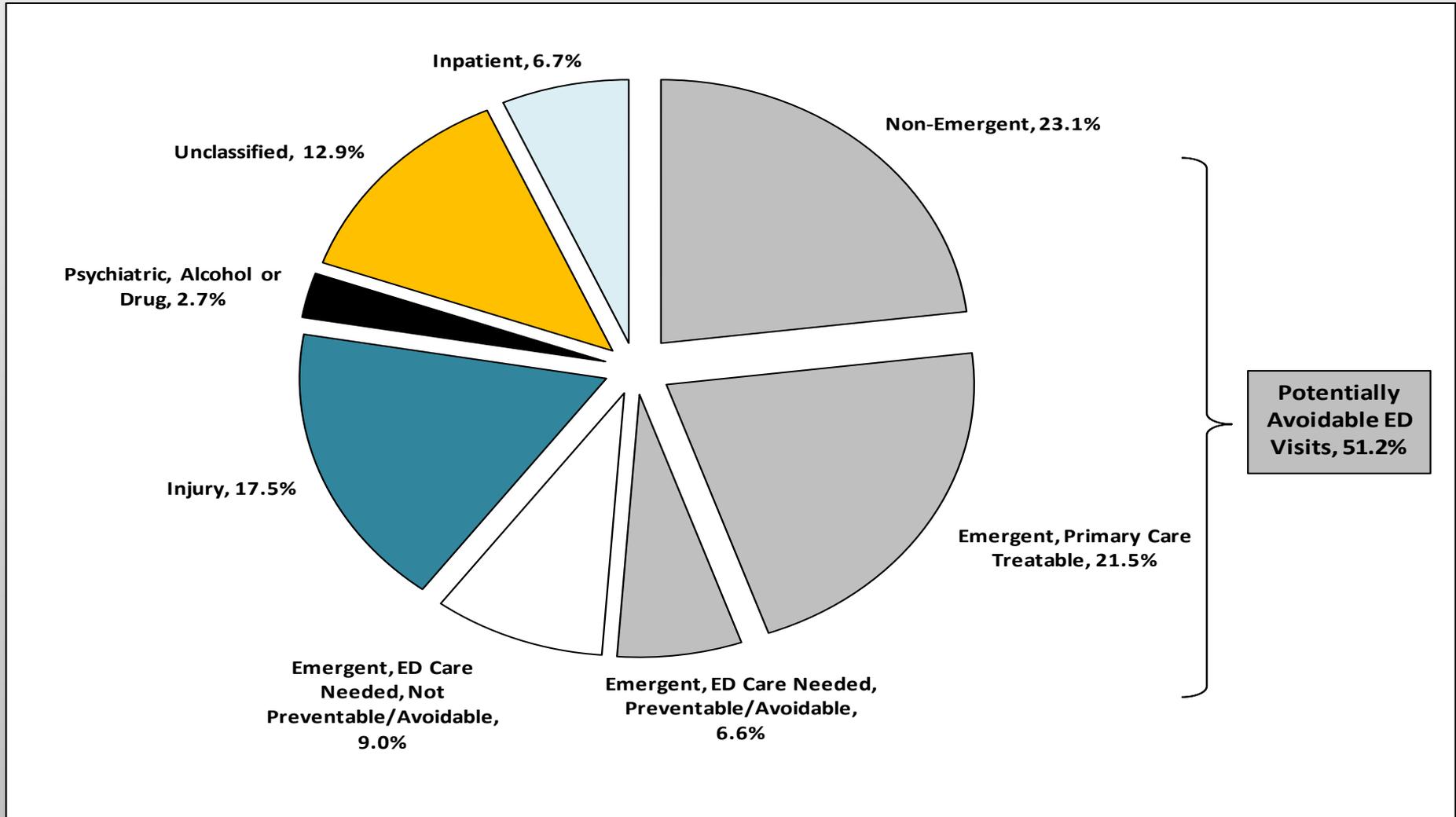


Coverage, Access, and Medical Home

- Participants with an ambulatory care visit **decreased** from 79.3% in CY 2013 to 77.2% in CY 2014
 - When viewed by region, participants in the rural regions of the state utilized care at similar rates to participants in urban and suburban regions, suggesting that recipients have similar access to care.
- Emergency department (ED) visit rate in CY 2014 was nearly 30%
 - Usage **decreased** by 1.5 percentage points from CY 2013 to CY 2014.
- Inpatient admissions decreased by 5.4% from 14.5% in CY 2010 to 9.1% in CY 2014.



Medical Home: Classification of ED Visits by HC Participants, CY14





Medical Home: Potentially Avoidable Admissions

- DHMH uses AHRQ's Prevention Quality Indicators (PQIs) methodology, which looks for specific primary diagnoses in hospital admission records
- Percentage of participants with at least one admission due to one of 16 PQI designations increased from 9.3% in CY10 to 10% in CY14.
- PQI-designated discharges with the highest rates:
 - COPD or Asthma in Older Adults (PQI #5)
 - Asthma in Younger Adults (PQI #15)



Quality of Care

New MCOs negatively impacted overall performance on several HEDIS Immunization and Well-Child measures in CY14.

- The percentage of two-year-old children receiving immunization combo 2 steadily increased until CY14, when it decreased by 4.4 percentage points from CY13
 - **New MCOs excluded: 81.0 percent (compared to 76.5 percent)**
- The percentage of two-year-old children receiving immunization combo 3 steadily increased until CY14, when it decreased by 5.6 percentage points from CY13
 - **New MCOs excluded: 78.5 percent (compared to 73.5 percent)**
- The percentage of 15-month-old infants who received at least five well-child visits steadily increased until CY14, when it decreased by 6.2 percentage points from CY13
 - **New MCOs excluded: 83.3 percent (compared to 79.5 percent)**
- The percentage of children aged three to six years who received at least one well-child visit steadily increased until CY14, when it decreased by 2 percentage points from CY13
 - **New MCOs excluded: 85.7 percent (compared to 82.0 percent)**
- The percentage of adolescents aged 12 to 21 years who received at least one well-care visit steadily increased until CY14, when it decreased by 5.2 percentage points from CY13
 - **New MCOs excluded: Adolescents: 67.0 percent (compared to 62.1 percent)**



Quality of Care

HealthChoice well-child visit and immunization rates were consistently higher than National HEDIS Means (NHM) throughout the five-year period

Table 9. HEDIS Immunizations and Well-Child Visits: HealthChoice Compared with the National HEDIS Mean, CY 2010-CY 2014*

| HEDIS MEASURES | CY 2010 | CY 2011 | CY 2012 | CY 2013 | CY 2014 |
|--|---------|---------|---------|---------|---------|
| Childhood Immunization Status - Combination 2 | | | | | |
| HealthChoice | 79.9% | 82.5% | 80.2% | 80.9% | 76.5% |
| National HEDIS Mean | + | + | + | + | + |
| Childhood Immunization Status- Combination 3 | | | | | |
| HealthChoice | 76.3% | 79.7% | 77.7% | 79.1% | 73.5% |
| National HEDIS Mean | + | + | + | + | + |
| Well Child Visits – 15 Months of Life | | | | | |
| HealthChoice | 82.4% | 85.0% | 83.9% | 85.7% | 79.5% |
| National HEDIS Mean | + | + | + | + | + |
| Well Child Visits – 3- to 6-year-olds | | | | | |
| HealthChoice | 80.7% | 85.0% | 82.2% | 84.0% | 82.0% |
| National HEDIS Mean | + | + | + | + | + |
| Well-Care Visits – Adolescents | | | | | |
| HealthChoice | 62.8% | 67.0% | 65.4% | 67.3% | 62.1% |
| National HEDIS Mean | + | + | + | + | + |

*The HealthChoice averages in CY 2014 were impacted by the inclusion of HEDIS rates from newer MCOs into the calculation.



Quality of Care

- Lead test screening rates between CY11 and CY14:
 - Improved for children aged 12-23 months from 57.5% to 60.6%
 - Decreased for children aged 24-35 months from 76.6% to 75.6%
- 2016 Joint Chairmen's Report
 1. Ways to further incentivize MCOs to increase the level of lead screening for children enrolled in Medicaid;
 2. Ways to encourage MCOs to take advantage of existing services available under Medicaid that are not being used;
 3. How the Department can work with other State agencies to maximize access to existing funding for lead remediation activities in the homes of children identified by MCOs as having elevated blood levels;
 4. Other funding sources for remediation activities;
 5. Whether Department might be able to pursue a waiver for lead remediation activities like that recently requested by the state of Michigan; and
 6. Data on the number of children identified with elevated blood lead levels and those that receive a second confirmatory screening.



Quality of Care

- Breast cancer screening rate improved by nearly 20 percentage points over the study period (67.9% of women aged 40-64 years in CY 2014), and exceeded the National HEDIS Mean (NHM) in CY 2013 and CY 2014
 - *VBP measure introduced in CY14*
- Cervical cancer screening rate decreased by 7 percentage points over the study period (65.8% of women aged 21-64 years in 2014)
 - The newer MCOs had a significant impact on the average for this measure, with one scoring 35.5 percent and another scoring 90.8 percent. Excluding the newer MCOs, the rate for established HealthChoice MCOs was 66.6 percent for CY 2014.



Quality of Care

- Rate of participants receiving appropriate asthma medications decreased slightly from 2011 – 2014, but continue to exceed the national average
 - 87% of individuals aged 5 through 64 years in 2014
- Diabetes
 - Retinal eye exam rates exceeded the NHM across the five-year period (6.4% decrease) (*VBP measure*)
 - Diabetes HbA1c testing rate exceeded NHM for 2014



Quality of Care: New Measures

- Percentage of 13 year old females who received 3 doses of the HPV vaccine (22.8%) exceeded National HEDIS mean, but the Department will continue to monitor improvements in this area.
- Between CY10-CY14, the percentage of enrollees 50-64 years old who received a colorectal cancer screening **decreased** by 7.4% from 39.5% in CY10 to 32.1% in CY14.
 - Decline may be attributable to influx of new adults who enrolled as a result of the ACA and have only been eligible for benefits for a short time.



Special Topics

- Dental Services
 - 67.7% of children aged 4 – 20 years received dental services in 2014 (enrolled for at least 320 days) – a 3.6% **increase** from CY 2010.
 - 27% of pregnant women aged 21 years and older received dental services in 2014 (enrolled for at least 90 days) – a 2.5% decrease from CY 2010.
- New Dental ASO procured in 2016



Special Topics

- Participants with a Mental Health Disorder (MHD)
 - Percentage of participants diagnosed with/treated for an MHD increased by 1.6 percentage points, from 21.6% in CY 2010 to 23.2% in CY 2014
 - Between CY 2010 and CY 2014
 - Participants with an MHD and a physician visit for somatic care increased by 2.9 percentage points (88.3% in CY 2014)
 - Participants with an MHD and an ED visit for somatic care increased by 3.1 percentage points (42.7% in CY 2014)



Special Topics

- Participants with a Substance Use Disorder (SUD)
 - Percentage of participants aged 19-64 years diagnosed with/treated for an SUD increased by 2.2 percentage points, from 11.1% in CY 2010 to 13.3% in CY 2014
 - Between CY 2010 and CY 2014,
 - Participants aged 0-64 years with an SUD and a physician visit for somatic care decreased by 1.6 percentage points. ED visits for somatic care increased. (77.4% in CY 2014 for physician visits and 58.2% for ED visits)
 - Participants aged 0-64 years with an SUD and Methadone replacement therapy increased by 3 percentage points (24.% in CY 2014)



Special Topics

- Children in Foster Care
 - 77.5% of children in foster care received at least one ambulatory care visit in 2014, compared with 80.5% of other HealthChoice children
 - Among children in the youngest age groups (0-2), children in foster care accessed ambulatory care services at higher rates than other HealthChoice children



Special Topics: Reproductive Health

- Performance exceeded NHM with the exception of CY13
- Receiving timely prenatal care (82.8% overall)
 - Excluding newer MCOs increases rate to 84.1%
- Receiving expected number of prenatal visits
 - Percentage of women who received more than 80 percent of expected visits declined to 64.9% in CY14
 - Most MCOs performed between 61.6% and 74.5%, while the newer MCOs had lower rates with scores of 56.9% and 55%.
 - Percentage of women who received less than 21 percent of visits increased to 8.2% in CY14
 - Most MCOs performed between 4.5% to 9.3%, while the newer MCOs had scores of 7.7% and 17.4%.



Special Topics

- Family Planning
 - Program expanded to cover women under age 51 below 200% FPL in 2012
 - Enrollment decreased by 14.9% between CY10 to CY14 to 22,042 participants with any period of enrollment in 2014
 - 6,305 received at least one service in 2014 (28.6%)



Special Topics

- HIV/AIDS
 - Overall percentage of participants with HIV/AIDS with an ambulatory care visit increased 3.8 percentage points, from 88.3% in 2010 to 92.1% in 2014
 - CD4 testing increased 6.7% percentage points, from 74.1% in 2010 to 80.8% in 2014
 - Viral load testing increased by 1.8 percentage points, from 73.4% in 2010 to 75.2% in 2014



Special Topics

- REM Program
 - Percentage of REM participants receiving dental visits grew 6.7 percentage points, from 44.5% in 2010 to 51.2% in 2014
 - Ambulatory care visits increased by 0.2 percentage points over the study period
 - ED rate increased 9 percentage points between 2010 - 2014, from 33.8% to 42.8%



Special Topics

- Racial/Ethnic Disparities
 - Enrollment of Asian and Black participants increased by 39% and 32%, respectively, between 2010 and 2014
 - “Other” racial/ethnic categories had the next highest enrollment growths at 4%
 - Ambulatory care visits rates increased for Hispanic (1.5% increase) and Asian participants (1% increase)
 - Black and White participants have highest and second highest ED utilization compared to other racial/ethnic categories
 - Data integrity challenges

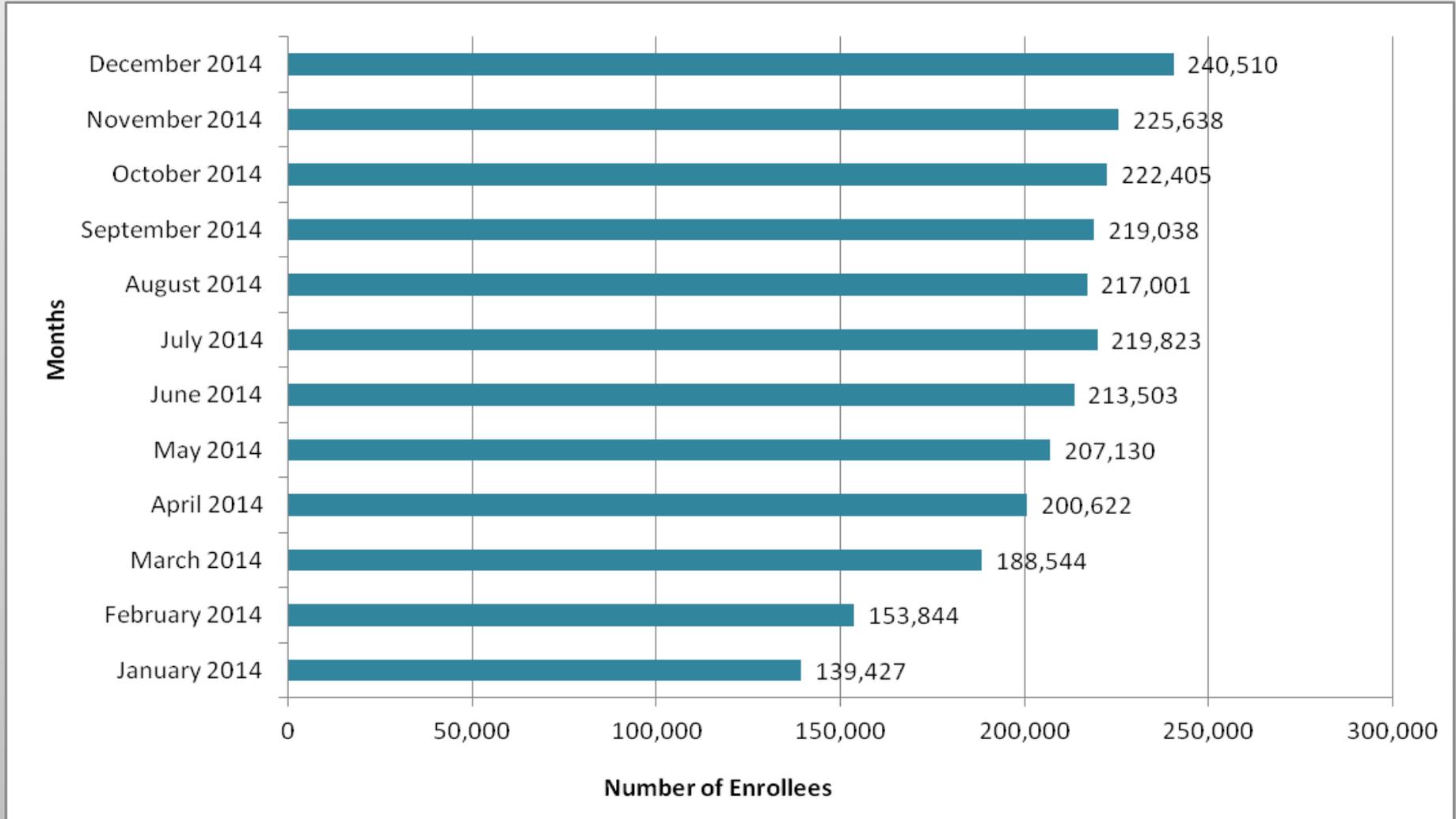


Special Topics: ACA Expansion

- July '06: Primary Adult Care (PAC) Program covers childless adults up to 116% FPL
- January '14: Maryland expands Medicaid eligibility under the ACA to cover adults under age 65 up to 138% FPL.
- The expansion population consists of three coverage groups:
 - Former PAC participants (34.2%)
 - Childless adults (not previously enrolled in PAC) (59.5%)
 - Parents and caretaker relatives (6.3%)



Enrollment in ACA Expansion, January - December 2014





ACA Medicaid Expansion Population: Demographic Highlights (CY14)

- **Race/Ethnicity:**
 - Majority of overall expansion population (~81%) were Black (44.4%) or White (36.5%)
- **Gender:**
 - 53.5% Male
 - 46.5% Female
- **Age:**
 - 19 to 34 years: 39.8%
 - 35 to 49 years: 26.5%
 - 50 to 64 years: 33.7%
- **Region:** The majority of participants (77.5%) resided in:
 - Baltimore City – 23%
 - Baltimore Suburban Region – 27.3%
 - Washington Suburban Region – 27.2%



ACA Medicaid Expansion Population: Utilization of Care (CY14)

Highlights:

- Participants enrolled for a full 12 mos. utilized care more frequently
- Inpatient Admissions:
 - Any period of enrollment: 9.1%
 - 12 mos. enrollment: 11.6%
- Ambulatory Care Visit:
 - Any period of enrollment: 61.2%
 - 12 mos. Enrollment: 80.6%
- ED Visit:
 - Any period of enrollment: 31.1%
 - 12 mos. Enrollment: 39.3%

Challenges:

- Limited health literacy: Many new recipients gained coverage for the first time and have limited/no experience using benefits.
- MCO Enrollment: Analysis includes both FFS and MCO data because system challenges during the first year of the expansion resulted in participants staying in FFS for longer periods of time 31



Comparison of Service Utilization between ACA Medicaid Expansion Coverage Groups, Aged 19-64 Years, CY 2014

| | Any Period of Enrollment | | | 12 Months of Enrollment | | |
|-------------------------------|--------------------------|-----------------|---------------------|-------------------------|-----------------|---------------------|
| Coverage Group | Number of Users | Total Enrollees | Percentage of Total | Number of Users | Total Enrollees | Percentage of Total |
| Inpatient Admissions | | | | | | |
| Former PAC | 10,363 | 92,937 | 11.2% | 7,917 | 60,280 | 13.1% |
| Childless Adults | 13,410 | 161,408 | 8.3% | 4,568 | 44,262 | 10.3% |
| Parents & Caretakers | 1,016 | 17,032 | 6.0% | 772 | 9,722 | 7.9% |
| Total | 24,789 | 271,377 | 9.1% | 13,257 | 114,264 | 11.6% |
| Ambulatory Care Visits | | | | | | |
| Former PAC | 67,111 | 92,937 | 72.2% | 50,997 | 60,280 | 84.6% |
| Childless Adults | 87,671 | 161,408 | 54.3% | 33,199 | 44,262 | 75.0% |
| Parents & Caretakers | 11,223 | 17,032 | 65.9% | 7,955 | 9,722 | 81.8% |
| Total | 166,005 | 271,377 | 61.2% | 92,151 | 114,264 | 80.6% |
| ED Visits | | | | | | |
| Former PAC | 38,419 | 92,937 | 41.3% | 27,271 | 60,280 | 45.2% |
| Childless Adults | 41,292 | 161,408 | 25.6% | 14,311 | 44,262 | 32.3% |
| Parents & Caretakers | 4,571 | 17,032 | 26.8% | 3,356 | 9,722 | 34.5% |
| Total | 84,282 | 271,377 | 31.1% | 44,938 | 114,264 | 39.3% |



ACA Expansion Coverage groups w/MHD, SUD, or Dual Diagnosis, CY14

| Coverage Group | Any Period of Enrollment | | | 12 Months of Enrollment | | |
|------------------------------------|--------------------------|-----------------|---------------------|-------------------------|-----------------|---------------------|
| | Number of Users | Total Enrollees | Percentage of Total | Number of Users | Total Enrollees | Percentage of Total |
| MHD Only | | | | | | |
| Former PAC | 17,933 | 92,937 | 19.3% | 13,651 | 60,280 | 22.6% |
| Childless Adults | 20,012 | 161,408 | 12.4% | 7,845 | 44,262 | 17.7% |
| Parents & Caretakers | 2,159 | 17,032 | 12.7% | 1,651 | 9,722 | 17.0% |
| Total | 40,104 | 271,377 | 14.8% | 23,147 | 114,264 | 20.3% |
| SUD Only | | | | | | |
| Former PAC | 11,374 | 92,937 | 12.2% | 7,698 | 60,280 | 12.8% |
| Childless Adults | 8,202 | 161,408 | 5.1% | 2,100 | 44,262 | 4.7% |
| Parents & Caretakers | 342 | 17,032 | 2.0% | 239 | 9,722 | 2.5% |
| Total | 19,918 | 271,377 | 7.3% | 10,037 | 114,264 | 8.8% |
| Dual Diagnosis (MH and SUD) | | | | | | |
| Former PAC | 14,417 | 92,937 | 15.5% | 11,115 | 60,280 | 18.4% |
| Childless Adults | 7,787 | 161,408 | 4.8% | 2,987 | 44,262 | 6.7% |
| Parents & Caretakers | 252 | 17,032 | 1.5% | 195 | 9,722 | 2.0% |
| Total | 22,456 | 271,377 | 8.3% | 14,297 | 114,264 | 12.5% |
| None | | | | | | |
| Former PAC | 49,213 | 92,937 | 53.0% | 27,816 | 60,280 | 46.1% |
| Childless Adults | 125,407 | 161,408 | 77.7% | 31,330 | 44,262 | 70.8% |
| Parents & Caretakers | 14,279 | 17,032 | 83.8% | 7,637 | 9,722 | 78.6% |
| Total | 188,899 | 271,377 | 69.6% | 66,783 | 114,264 | 58.4% |



1115 HealthChoice Waiver Renewal

- HealthChoice, first implemented in 1997 under the authority of Section 1115 of the SSA, is Maryland's statewide mandatory managed care program for Medicaid enrollees
- Under HealthChoice, eligible families and individuals are required to enroll into an MCO that has been approved by DHMH



1115 HealthChoice Waiver Renewal

- The proposed changes for the renewal period 1/2017 – 12/2019 include expanding services under the following programs:
 - Residential Treatment for Individuals with Substance Use Disorders
 - Community Health Pilots
 - Limited Housing to Support Services
 - Evidence-Based Home Visiting for High Risk Pregnant Women and Children up to Age Two
 - Transitions for Criminal Justice Involved Individuals
 - Increased Community Services



1115 Waiver Renewal Initiatives

- Residential Treatment for Substance Use Disorders (Eff. Date: 7/1/2017)
 - Presently, CMS will not provide matching funds for state dollars that fund SUD treatment for individuals receiving care in a residential facility without a waiver.
 - The state is asking for a waiver to allow Medicaid funds to cover a continuum of SUD services.



1115 Waiver Renewal Initiatives

- Transitions for Criminal Justice Involved Individuals (Eff. Date: 7/1/2017)
 - Connecting individuals to Medicaid coverage upon release is a key component of Gov. Hogan's *Justice Reinvestment Act*
 - The state is seeking a waiver to provide presumptive eligibility for Medicaid-eligible individuals leaving jails and prisons in the state



1115 Waiver Renewal Initiatives

- Limited Housing Support Services (Eff. Date: 7/1/2017)
 - The State is seeking matching funds for a pilot program that would provide federal matching funds for housing-related support services for enrollees who are at risk of or are currently homeless.
 - Through an open process, local entities would apply to deliver housing support services to up to 250 Medicaid enrollees statewide. The local entities will provide the non-federal share of payment.



1115 Waiver Renewal Initiatives

- Evidence-Based Home Visiting for Pregnant Women and Children (Eff. Date: 7/1/2017)
 - Maryland is seeking federal matching funds for a pilot that would support local efforts to provide services through evidence-based home visiting model programs
 - The pilot would allow services for children up to age 2



1115 Waiver Renewal Initiatives

- Increased Community Services Program (Eff. Date: 1/1/2017)
 - The program allows individuals residing in institutions with incomes above 300% of the SSI to move into the community while permitting them to keep income up to 300%
 - Slots for the program are currently capped at 30, but the waiver will expand the limit from 30 to 100 over the 3-year period



1115 Waiver Renewal Initiatives

- Dental Expansion for Former Foster Youth (Eff. Date: 1/1/2017)
 - DHMH seeks approval through this waiver to offer dental services available as an EPSDT benefit to former foster youth up to the age of 26
 - Under existing rules, foster youth will age out of EPSDT dental benefits at age 21



General Information

- The 1115 Waiver Renewal draft is available here:
 - [Maryland HealthChoice Waiver Renewal Application](#)
- Hard copies may be obtained by calling (410) 767-5806
- Interested parties may send written comments concerning the waiver renewal to dhmh.healthchoicerenewal@maryland.gov. The Department will accept comments from Friday, April 29, 2016 until Monday, May 30, 2016



General Information

- The following public hearings will discuss the content of the waiver renewal and solicit feedback and input from stakeholders:
- Annapolis:
 - Wednesday, May 4, 2016; 10 AM - 12 PM
 - Health and Government Operations Committee Room (House Office Building)
6 Bladen Street, Annapolis, MD 21401
- Baltimore City:
 - Thursday, May 26, 2016; 3-5 PM
 - Maryland Department of Health and Mental Hygiene (Room L-3)
201 West Preston Street, Baltimore, MD 21201



Questions?